

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

03-005

2. STATE:

Indiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

Jan. 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1915(g)(1)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to
Attachment 3.1-A, pgs 17-19

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 0

b. FFY 2004 \$ 0

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement 1, Att. 3.1-A, pgs 17-19

10. SUBJECT OF AMENDMENT:

further clarification re: NF TCM coverage

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Melanie Bella

14. TITLE:

Assistant Secretary, OMPP

15. DATE SUBMITTED:

3/13/03

16. RETURN TO:

Melanie Bella
Asst. Secretary, Medicaid Policy & Planning
401 West Washington, Room W382
Indpls., IN 46204
ATTN: Tracy Brunner, Plan Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

3/18/03

18. DATE APPROVED:

2/12/04

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01-01-03

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Cheryl A. Harris

22. TITLE:

Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

RECEIVED

MAR 18 2003

DMCH/ARA

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
CASE MANAGEMENT SERVICES**Target Group:**

1. Individuals who are: (A) Medicaid recipients; (B) eligible for nursing facility services under 405 IAC 1-3-1 and 1-3-2; (C) applying for admission to a nursing facility following admission to an acute care hospital (diversion); (D) expected to continue to receive nursing facility services but for the services available through the Aged and Disabled Medicaid Waiver; (E) able to have their health and safety ensured in a community-based setting; and (F) for whom a waiver slot has been identified and funded.
2. Individuals who are: (A) Medicaid recipients; (B) current residents of a nursing facility (conversion/deinstitutionalization); (C) able to have their health and safety ensured in a community-based setting; (D) eligible for services through the Aged and Disabled Medicaid Waiver; and (E) for whom a waiver slot has been identified and funded.
3. Individuals who are: (A) Medicaid recipients; (B) eligible for nursing facility services under 405 IAC 1-3-1 and 1-3-2; (C) applying for admission to a nursing facility from a home or community-based setting and have a physician's statement that they are at imminent risk of nursing facility placement; (D) able to have their health and safety ensured in a community-based setting; (E) eligible for services through the Aged and Disabled Medicaid Waiver; and (F) for whom a waiver slot has been identified and funded.

Areas of State in which services will be provided:

- X Entire State
- Only in the following geographic areas

Comparability of Services:

- Services are provided in accordance with section 1902 (a) (10) (B) of the Act.
- X Services are not comparable in amount, duration and scope. Authority of section 1915 (g) (1) of the Act is invoked to provide services without regard to the requirements of section 1902 (a) (10) (B) of the Act.

State of Indiana

Supplement 1 to Attachment 3.1-A
Page 18**Restriction of Choice of Provider:**

- X Choice of provider is available in accordance with Section 1902 (a) (23) of the Act.
- Under the authority of section 1915 (b) (4) of the Act, a waiver of 1902 (a) (23) of the Act is requested to restrict choice of provider.

Definition of Services:

Case management for individuals transitioning from an acute care hospital setting into a nursing facility, or currently residing in the community but are at imminent risk of nursing facility admission, or currently residing in a nursing facility and transitioning to community services is a specialized form of case management. In order to receive targeted case management, an individual must meet eligibility requirements established by the state.

Targeted case management services enable individuals transferring from an acute care hospital setting into a nursing facility, or individuals living in the community who are at imminent risk of nursing facility admission, or individuals residing in nursing facilities who wish to transition into the community to receive an array of services in a planned, coordinated, efficient and effective manner. It serves to promote the well being of the individual and support the preparation and transition of an individual into the community, or to help the individual remain in the community.

Under the authority of section 1915 (g) of the Social Security Act, case management services means services that will assist the individuals eligible under the plan in gaining access to needed medical, social, education and other services. Targeted case management includes the responsibilities for locating, accessing, managing, coordinating, and monitoring:

1. All proposed services including formal and informal supports;
2. Needed medical, social, and other publicly funded services, regardless of funding source;
3. Informal family and community supports needed by the individual; and
4. Transition to Medicaid Waiver services, including case management under a Medicaid Waiver.

Targeted case management is available to eligible recipients to assist and arrange for an individual's community transition for up to 180 days (calendar days) preceding discharge. ~~However, Federal Financial Participation (FFP) is not available if the person's community placement does not take place.~~

Reimbursement for case management services for the target population shall be reimbursed on a fee-for-service basis. The rate is the current rate for case management services under the HCBS waivers that service elderly and disabled individuals.

TN No. 03-005
Supersedes
TN No. 02-014

Approval Date FEB 01 2004

Effective Date January 1, 2003

Qualifications of Providers:

In order to provide targeted case management services for the target population the individual must meet the following requirements, or if an entity must employ individuals who meet the following requirements:

1. A Bachelor's Degree in Social Work, Psychology, Sociology, Counseling, Gerontology, or Nursing; OR
2. A Registered Nurse with a minimum of one year's full-time, direct service experience with the elderly or disabled. This experience includes assessment, care plan development, and monitoring; OR
3. A Bachelor's Degree in any field with a minimum of two years full-time, direct service experience with the elderly or disabled. This experience includes assessment, care plan development, and monitoring; OR
4. A Master's Degree in a related field may substitute for the required experience.

Free Choice of Providers:

Targeted case management services for individuals with in the target population will not restrict the individual's free choice of providers of other Medicaid services, nor will targeted case management be used to restrict access to other services available under the plan.

Individuals of the target population may choose from any of the qualified case managers. Any entity meeting the State's requirements that wishes to become a Medicaid provider of targeted case management services for the target population may be given the opportunity to do so.

Duplication of Services:

Payment for targeted case management services for the target population under the Plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. At such time as the individual begins receiving Medicaid Waiver services, targeted case management will be discontinued and case management services available through the Medicaid Waiver will be implemented.